



# CITY OF TROUTDALE

219 E. Historic Columbia River Hwy.  
Troutdale, OR 97060  
Phone: 503-665-5175  
www.ci.troutdale.or.us

## APPLICATION TO FILL CITY COUNCIL VACANCY

Application for appointment to **City Council Position #2**  
Term ending December 31, 2016.

**Deadline to apply is 4:30 pm, Friday, March 4<sup>th</sup>, 2016.**

Applications must be mailed or hand delivered (*emailed or faxed applications will not be* considered) and received by the City no later than **4:30 pm, Friday, March 4<sup>th</sup>, 2016**. Mail or hand deliver applications to:

City Recorder  
219 E. Historic Columbia River Hwy.  
Troutdale, OR 97060

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please provide the following information:

1. Resident of the City of Troutdale since: Month: \_\_\_\_\_ Year: \_\_\_\_\_  
(Applicant must be a registered elector of the State of Oregon and a resident of the City of Troutdale for at least 6 months preceding appointment).

2. Please list no less than three references:

NAME: ADDRESS: PHONE:

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

3. Briefly explain why you wish to serve the community in this capacity and what prior experience, community service, or background you have in this area. Attach additional sheets if necessary: \_\_\_\_\_

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4. Tell us about your education, employment, volunteer activities, etc. Attach additional sheets if necessary.

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5. What would you do to stay in communication and contact with the electors and community groups in Troutdale?

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6. I acknowledge that I will not be under the direct supervision and control of the City of Troutdale (hereinafter "City") in connection with the voluntary services described herein.
7. I acknowledge that no compensation will be paid by the City in connection with the services described herein.
8. I authorize the City to contact the listed references and any contacts that may be developed through those contacts, as well as the Multnomah County Election Office to verify that I meet the residency and voter registration requirements as stated herein and understand that these contacts will be made prior to appointment to the position for which I have applied.
9. I understand that I may be required to verify any information provided in this application and declare that the information provided herein is true and accurate and I have not withheld any information relative to this application.
10. I understand that any misrepresentation or omission, as well as any misleading statements or omissions in this application, and in any related attachments, may result in my being considered ineligible for the position to which I have applied.
11. I hereby release the City from all matters relating to my voluntary service for the City, including compliance, if any is required, with social security, withholdings, insurance and all other regulations and reporting governing such matters.

By signing this application voluntarily I, (print name)\_\_\_\_\_ do hereby acknowledge that I have read, understand and agree to the terms and requirements as listed herein. I also understand that upon signing, this document will become public information to be presented to the City Council and to the general public as part of a City Council Agenda packet and if appointed, will be sworn in and seated after March 31, 2016.

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Applicant Signature

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Date